

Her constituents benefited greatly from her commitment to them as she was able to assess their needs and provide leadership on a variety of issues. She often spoke with pride of her support for different measures that helped the nation expand social and economic justice as well as open doors to housing, education, voting, and jobs for all minorities.

On leaving the House of Representatives, Mrs. Kelly was accorded the highest tribute by her colleagues on both sides of the political aisle. Speaker John W. McCormack, Tip O'Neill, Gerald Ford, Hugh Carey, Claude Pepper, and many others, stood up in the House to praise her outstanding legislative service and contributions to American foreign policy.

Mr. Speaker, please join me in honoring the spirit and legacy of Edna F. Kelly, a great American and life-long resident of New York.

Mrs. LOWEY. Mr. Speaker, the loss of Edna Kelly, life-long New Yorker, is a great one. Mrs. Kelly represented Brooklyn—and was the first woman to do so—for 19 years. She was an effective and articulate expert on both foreign affairs and domestic issues. A champion of NATO and an expert on Soviet Bloc countries, Mrs. Kelly also sponsored measures to help refugees and displaced people after World War II and helped create the Peace Corps program. She advocated for equal pay for equal work for women and for better women's access to child care, credit, pensions, housing and educational opportunities.

Mrs. Kelly's accomplishments were all the greater for the fact that she operated in an almost exclusively male political world. Her intelligence and tenacity earned the respect and admiration of her colleagues. We will all miss her.

#### GENERAL LEAVE

Mr. TOWNS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the special order just given.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

#### SUNDRY MESSAGES FROM THE PRESIDENT

Sundry messages in writing from the President of the United States were communicated to the House by Mr. Sherman Williams, one of his secretaries.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. CRANE) is recognized for 5 minutes.

[Mr. CRANE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

#### MORE CHOICE IN MEDICAL TREATMENT NEEDED

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. KLINK) is recognized for 5 minutes.

Mr. KLINK. Mr. Speaker, I rise today to say to my colleagues, I was so happy last night to hear the President in his State of the Union speech talk about giving our constituents, the people of this country, the opportunity to choose the doctor of their choice and, together with that doctor, decide what kind of treatment they want.

Over the past week and a half, back in the Fourth Congressional District of Pennsylvania, which is around the city of Pittsburgh, I have been holding some fact-finding sessions on health care. The reason we did this is because we kept getting calls, either from doctors or other health care providers, who were distraught, and that is the only way to describe them, because they could not be included in an HMO network where their patients had purchased the insurance.

On the other side you had patients who, because of the high cost of insurance, are being herded into HMOs, thinking that they have the choice of their doctor, only to find out that they have a primary care physician that they can choose among a group, or one is assigned to them, and only that physician can decide whether they can go to another doctor, whether they can see a specialist, or what hospital they can go to. And all of a sudden, particularly for those of us who live in the Pittsburgh region, where Dr. Jonas Salk 4 decades ago solved the solution to polio, where, during the 1970s and 1980s, great doctors like Thomas Starzl developed transplant surgery and antirejection drugs so that people can get new organs, they can have their bodies repaired.

What a great time to live in and what a great geographic region to live in, where people from all over the entire world would come to our Pittsburgh region for this medical treatment. Yet people who live right across the street from those hospitals, a block away from these doctors' offices, do not have access to those doctors, because their health care plan will not let them go there.

So when the President said last night this is a decision that should be up to the person, as to where they get their health care, what doctor they see, it should be up to the doctor and patient together to decide how long you are in the hospital, what kind of medication you take, I was pleased to see Members on both sides of the aisle rise and applaud. It tells me that this Congress is serious about not acting as just Democrats or not acting just as Republicans, but acting as Americans, to give people the choice of the health care that they need.

I saw people come into my hearing who had tears streaming down their face saying that their husband passed away. Now I do not have insurance, I am not old enough for Medicare yet. I have got a preexisting condition. I have got diabetes. I am going blind. What are my choices? Where do I get insurance?

How about the 23-year-old kid, not any longer on their parents' insurance policy, out in the workplace, but in this day and age only capable of getting a part-time job? That is the new style in America today, work people 30 hours, 35 hours, 36 hours, just enough under the 40-hour workweek so they do not get benefits. Then the insurance companies refuse to deal with an individual, just selling them an insurance policy.

Back in 1993 and 1994, we had a debate on what was then called the Clinton health care policy. It was a very large, massive piece of legislation. I was on one of the committees of jurisdiction.

I did not support that legislation. It seems that after we had that debate and we failed in a bipartisan fashion to decide how that trillion-dollar industry called health care is going to be operated, that the insurance companies now have taken it upon themselves. They now control the purse strings. It is not managed care; it is managed dollars. We are not managing the care, where we are telling people that you have access to that care; we are managing the amount of resources.

So a primary care physician is appointed by a health insurance company. They know that he or she will only be successful if they give a limited amount of referrals out of network, or a limited amount of referrals to specialists. So those kind of referrals, in many instances, are very hard to come by.

We heard story after story of people who were released from the hospital too early. One gentleman in his seventies, with a Medicare HMO, was in an automobile accident. His wife was in the car accident with him. She had trauma to her heart in the accident. She was not hurt as seriously as he was though. He had kidney damage, had to have a catheter, had the orbit bones in his face broken. They took him from Westmoreland County into the city of Pittsburgh to the University of Pittsburgh Medical Center, where all the wonderful transplant procedures are done. Because they did not know how they were going to treat these broken orbit bones, they released him from the hospital on a stretcher in an ambulance.

Those stories are too frequent, they are too sad. People must have the choice. Health care must be affordable.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. RIGGS) is recognized for 5 minutes.

[Mr. RIGGS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Ms. SLAUGHTER) is recognized for 5 minutes.

[Ms. SLAUGHTER addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]